Section A: To the Individual- Please read the following and complete the information requested.

You have the right to request that we amend the protected health information in your legal medical record that our business associates or we maintain. I further understand that this document will become a component of my permanent medical record.

We may decline your request if:
● the information is not part of UW Health’s/SAH’s (please circle) legal medical record;
● we did not create the information;
● we believe the information is complete and accurate;
● the information is contained in psychotherapy notes;
● the information is compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding; or
● the original author of the documentation is no longer practicing at UW Health/SAH (please circle)
● the information is not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. §263a).

Please specify which document(s), medical information and/or dates of service you wish to amend (if more space is needed, please attach additional form(s):

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Please state the reason(s) and/or attach support for the amendment(s):

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Section B: To the Individual- Please read the following and follow the instructions regarding the releasing of medical records.

Release of Information – If approved

UW Health patients, if you would like a copy of your amended medical record sent to any previous or new recipients please complete the Release of Information form found at uwhealth.org within the “Obtain My Medical Records” section. Or you can contact the Release of Information Department at (608)263-6030 option 3.

SwedishAmerican patients, if you would like a copy of your amended medical record sent to any previous or new recipients please complete the Release of Information form found at swedishamerican.org within the “Medical Records” section. Or you can contact the Release of Information Department at (779) 696-4540.

Signature: ____________________________________________ Date: ____________________ Time: ____________

If this request is signed by a legally authorized representative on behalf of the individual, complete the following:

Representative’s name: ____________________________________________________________

If signed by a person other than the patient, please state relationship and authority to do so:

Patient is:    □ Minor    □ Incompetent/Incapacitated    □ Deceased
Legal Authority:    □ Legal Guardian □ Parent of Minor □ Spouse of Deceased
                     □ Health Care Agent ________________________________
                     □ Personal Representative/Domestic Partner of Deceased
                     □ Other ____________________________________________
Section C: Response to Amendment Request: Provider Section

___ Your request for an amendment has been APPROVED; a correction/addendum will be made part of your permanent medical record. A copy of the amended document(s) is attached.

___ Part of your request has been approved, please see below for more details. A copy of the amended document(s) is attached.

___ Your request for an amendment has been DENIED; your request has been made a part of your permanent medical record.

Your request was denied for the following reason reason(s):

☐ UW Health/SAH (please circle) did not create the information, please follow up with ____________________________

☐ The information is considered complete and accurate

☐ The information is contained in psychotherapy notes

☐ The information is compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding

☐ The information is not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. §263a).

☐ You did not provide enough information to complete the request

☐ The request is regarding billing information and should be directed to: ____________________________

☐ The original author of the documentation is no longer practicing at UW Health/SAH (please circle)

☐ Other: ______________________________________________________________________________________

Additional Information:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Provider Signature: ___________________________ Title: _______________ Date: ___________ Time: ___________

Section D: Patient Options and Contact Information:

If your request is denied:
You may submit a one-page statement of disagreement regarding the denied request. If you do, we will append or link your statement, or an accurate summary, to the medical record(s) you wanted amended for inclusion in future disclosures of those records. We may prepare and send you a rebuttal to your statement of disagreement and, if we do, we will append or link our rebuttal to those same records for inclusion in future disclosures of those records.

Instead of submitting a written statement of disagreement, you may request in writing that your request to amend those records and this denial be appended or linked to those records to be included with future disclosures.

Additional Contact Information:

UW Health patients, if you have questions, wish to discuss the denial or review your options, please contact: Document Integrity Manager (608) 203-4559. If you would like to file a complaint or discuss the quality of your care, please contact Patient Relations at (608) 263-8009.

SwedishAmerican patients, should you have any additional questions, concerns, or complaints regarding this matter, please contact the Privacy Office at (779) 696-7225.

You may also file a complaint regarding the denial of this request for amendment with the Secretary, Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601; 800-368-1019; 800-537-7697 (TDD), 202-619-3818 (FAX).

For more information on the amendment process please visit: uwhealth.org and search for “Patient Amendment” in the upper right corner.